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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10572853 | <b>Applicant(s)/Patent Under Reexamination</b><br>SOMA ET AL. |
|   | <b>Examiner</b><br>QIUWEN MI               | <b>Art Unit</b><br>1655                                       |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                       |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|-----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                       | NON-CLAIMED |  |  |  |  |  |  |  |
| 424                |                                   | 750      |  |  |  | A                            | 6 | 1 | K | 36 / 00 (2006 01 01)  |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | A                            | 6 | 1 | K | 36 / 899 (2006 01 01) |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  | A                            | 6 | 1 | K | 36 / 48 (2006 01 01)  |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  | A                            | 2 | 3 | L | 1 / 36 (2006 01 01)   |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  | A                            | 2 | 3 | L | 1 / 20 (2006 01 01)   |             |  |  |  |  |  |  |  |
| 424                | 757                               |          |  |  |  | A                            | 2 | 3 | L | 1 / 20 (2006 01 01)   |             |  |  |  |  |  |  |  |
| 424                | 195 17                            |          |  |  |  | C                            | 1 | 2 | N | 1 / 20 (2006 01 01)   |             |  |  |  |  |  |  |  |
| 424                | 725                               |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 426                | 44                                |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 426                | 46                                |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
| 435                | 252 4                             |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 19       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 20       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 21       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 22       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 25       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 29       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 39       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|--|------------------------------|---------------------|
| NONE  |  | <b>Total Claims Allowed:</b> |                     |
|   |  | 11                           |                     |
| (Assistant Examiner)                          |  | (Date)                       |                     |
| /QIUWEN MI/<br>Primary Examiner.Art Unit 1655 |  | 7/22/2011                    | O.G. Print Claim(s) |
| (Primary Examiner)                            |  | (Date)                       | O.G. Print Figure   |
|   |  | 1                            | None                |